

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
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TOTAL IND.			↓		↓		↓			
TOTAL DEP.			↔		↔		↔			
TOTAL CLAIMS	16									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS